

Form CPF M 102: Campaign Finance Report

Office of	Aunicipal Form f Campaign and Political Finance
ommonwealth Massachusetts	
ile with: ity or Town Clerk or Election Commission Please print or ty	ype all information, except signatures.
Fill in dates: Reporting Period Beginning Month Date	Year Date Year 13 Ending 9 18 13
Type of report: (Check one) ■ 8th day preceding preliminary ■ 8th day preceding	ng election □30 day after election □year-end report □dissolution
Tan Abreu Full Name of Candidate (if applicable) At - Lage Councillar Office Sought and District 273 Aquidneck St. NB. Ma Office Soldential Address Soldential Address Tel. No. (optice)	Committee Mailing Address S09-496-4335
Line 1: Ending balance from Line 2: Total receipts this plus line 3: Subtotal (line 1 plus line 4: Total expenditures Line 5: Ending balance (line 5: Ending balance)	period (page 2, line 11) s 2, 405, 00 s this period (page 3, line 14) s 3, 741, 06 s 2, 405, 00 s 1, 396.06 s 1, 396.06
Line 6: Total in-kind contrib Line 7: Total (all) outstandin Line 8: Name of bank(s) use	ng liabilities (page 4) \$
campaign finance activity, including all contributions, loans, rece and represents the campaign finance activity of all persons actin	edules and it is, to the best of my knowledge and belief, a true and complete statement of all eipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period ng under the authority or on behalf of this committee in accordance with the requirements of ne penalties of perjury: o 3 Date
FOR CANDIDATE FIL.	INGS ONLY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the auth	f the committee needles and it is, to the best of my knowledge and belief, a true and complete statement of all nority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury: M.G.L. c. 55 Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on ea					
Date Received	Date Name and Residential Address eceived (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
	585 Hixville Rd, Donard Ma		T		
7/16/13	Alford Brum 1036 Joyce 5th	\$70,	00	·	
7/16/13	John Demello ENS, 02745 15 Freedom ung sind, NB, Ma	H70.	00		
	15 Freedom ungsing, JNS, Mg				
711613		H 70,	00		
7/16/13	Kate Eastman NR, Ma 02720	₩70 ,	00		
7/16/13	Junifor Frotes, 77 Tober Sh, NB	\$ 70,	00		
711613	John P. Havan Datmorth Ma 02748		60		
7/16/13	Park Leconte, 935 Tradewind St. NB	\$70.	60		
2/16/13	Ralph Medeiros M. ozzus	\$70.	00		
7/16/3	Melicious Media, 129 B Frimmort Sh	\$70.	00		
7/16/13	Arthur Glossman, 926 Church St, NB, MG		<u>၀</u> ပ		
2/16/13	Riquinha Condsceping 198 Binscemb Sh NB, Ma 02740	us \$170.	00		
211613	Daniel Simoneau, 524 Library St	\$70.	00		
2/16/13	Nina Szulewski, ushpanna oz				
711613	Celeine Scraiva, No, Ma 02744	\$70.	00		
7/16/3	Kellie Martin Ma 02744	\$240.	00	Educator @ GNB Voc-Tech.	
	,	812ZO	00		
	Total receipts \$50 and under* (not listed above)	B1185.	00		
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD	#2,405.	00	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
7/3/13	Diversified Maketing Group	13 A Russells MUS Rd, S. Dortmouth, Ma	Promotional t-shirts	\$ ZIS.	24
Hali3	Staples '	17 Plaza way Fairham, Ma 02719	Inkt modify labels	\$ 196,	26
7/13/13	www.supercheapsigns.com	9804 Gray Blud Austin, TX 78758	Yord signs	H398,	00
Flala	www.printtude.com	12027 Beach Blud Jacksonville, Fl 32246	flyest dourhongers	\$649.	00
7/16/13	Urba Grille	774 Purchase Sh. NB Ma 07746	Fundravier Foud + Hall Cost	\$505.	68
slisliz	Punkin Donuts	575 Doutmuth St. NO Dortmath M. 02747	Coffee + Donuts For	<u>117.</u>	37
· .					
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					:
			,		
- 		Line 12: E	expenditures over \$50	12,081.	<u> </u>
Er	nter on page 1, line 4	· · · · · · · · · · · · · · · · · · ·	xpenditures \$50 and under*	264, 9	00 1₹

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
,				
,				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				·
-				
·				
E	nter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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